



State Of New Hampshire  
Board of Pharmacy  
121 South Fruit Street  
Concord, NH 03301

## 2015 PHARMACIST LICENSE RENEWAL FORM

Your license to practice pharmacy in NH expires on December 31, 2014.  
You may not work as a pharmacist in NH as of January 1, 2015 unless your renewal has been received by December 31, 2014.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ALL SECTIONS MUST BE COMPLETED.**

**RENEWAL FEE: \$100.**

Please Make Check Payable To:  
**Treasurer - State of NH**

NH Pharmacist Lic. #: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Are you currently practicing  
pharmacy in New Hampshire? ☐ Yes ☐ No

E-Mail Address (Required): \_\_\_\_\_

*Please Print Clearly - Must Be Entered To Receive Important Notifications/Advisories/Future Renewal Notices From The Board.*

Name of College: \_\_\_\_\_

Current Employer: \_\_\_\_\_

*Must Be Entered  
If None, Write "None"*

*Name*

*Complete Address*

Please list all states where you are presently licensed to practice pharmacy: \_\_\_\_\_

### REPORT ON CONTINUING EDUCATION - PER REQUIREMENTS OF Ph 403.02

#### COMPLETE THE FOLLOWING TWO STATEMENTS:

I have completed a total of \_\_\_\_\_ hours of approved continuing pharmaceutical education during calendar year 2014 for my 2015 re-licensure; and

Of the total reported hours above, I have completed \_\_\_\_\_ hours of live programming.

Please read the following statements carefully and **CHECK ONE** box for each (you must attach a short explanation for any 'yes' answer as well as any related official disciplinary/court documents). All questions must be answered:

1. Since your last renewal, have you voluntarily surrendered your pharmacist license issued by this or any other state board of pharmacy or licensing agency for disciplinary issues/allegations?  
☐ YES ☐ NO
2. Since your last renewal, has your pharmacist license in any jurisdiction been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action by any state board of pharmacy or other licensing authority?  
☐ YES ☐ NO
3. Since your last renewal, have you been charged or convicted (including a no-contest or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?  
☐ YES ☐ NO
4. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the Federal Food and Drug Administration, the Federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws?  
☐ YES ☐ NO
5. Are you a registered immunizing pharmacist in New Hampshire?  
☐ YES ☐ NO
- 5-a. If Yes, do you have a current professional liability insurance policy with at least \$1,000,000 of coverage? ☐ YES ☐ NO
- 5-b. If Yes, do you have current certification in CPR? ☐ YES ☐ NO

My signature below affirms that the answers and statements made on this application are true and correct, to the best of my knowledge and belief. I also understand that pursuant to RSA 318:26-a, the Board must be notified within 15-days of any changes in the information contained on this form. Failure to notify the Board could result in disciplinary sanctions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE OR NOT SIGNED/DATED.**